WASHINGTON STATE UNIVERSITY

Department of Crop and Soil Sciences

Grower: _____ **Submitter:** _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Email: _____ Email: _____

Telephone: _____ Telephone: _____

Fax: _____ Fax: _____

Send results to (check all that apply): ☐ **Grower** ☐ **Submitter** *via* ☐ **Email** ☐ **Mail** ☐ **Fax**

Please fill-in the fields below and on opposite-page as completely as possible (this will allow for the best results):

Field History

Field I.D.: _____ Acres: _____

Current Crop: _____ Date Planted: _____

Irrigation Type: _____ System Type: (ex. No-till, direct-seed, conventional) _____

Year:	**Crop:**	**Herbicide:**	**Adjuvant :**	**Timing:**	**Herbicide Control Level** ***(Good/Average/Poor):***

Field Notes (*anything that may be necessary for us to know. Ex: topography, soil type, terrain*):

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Sample Details:

Sampled By: _____ Sample Date: _____

Weed Species:	# of Plants:	% of Field Affected:	Suspected Herbicides:	Rate of Herbicide:	Date Applied:	GPS Cordiant:

Sample Notes (*anything that may be necessary for us to know. Ex: field map with location of finding, details about herbicide plan, reasoning for resistance belief, symptoms that the weed species showed*):

If there are any questions please contact Ian Burke at icburke@wsu.edu or Rachel Lindell at rachel.lindell@wsu.edu or (509) 237-8181.

Privacy Clause:

This information will not be shared with anyone but the sample submitter unless sharing is authorized. The sample submitter has the rights to the results and data found from testing done on submitted samples.

Return Address: Ian Burke & Rachel Lindell, Department of Crop and Soil Sciences, Attn: Weed Sciences Program
PO Box 646420, Washington State University, Pullman WA 99164-6420